



HALEY R. BARBOUR
GOVERNOR

STATE OF MISSISSIPPI
DEPARTMENT OF PUBLIC SAFETY
OFFICE OF HOMELAND SECURITY

STEPHEN B. SIMPSON
COMMISSIONER

**Mississippi Office of Homeland Security
Taskforce Reimbursement Claim Process
Effective August 2009**

The following guidelines should be utilized when intending to submit a claim for reimbursement to the Mississippi Office of Homeland Security. The procedures also apply when requesting reimbursement for training and exercises. Eligible costs for training and exercise will vary from the standard costs eligible for reimbursement during a major or catastrophic disaster.

Statewide Mutual Aid Compact or Taskforce Assignment Claim Process

The Mutual Aid Assister or Taskforce should obtain a copy of the Mission Assignment from the State EOC or Mississippi Office of Homeland Security for the claim file. Compile all daily activity reports for the mission listing personnel and equipment deployed, hours work each day, material usage, locations of work activity, type of emergency work performed, etc. The ICS 211 Resource Check-in Sheet and ICS 214 Unit Log are excellent tools for documentation. A copy of all Incident Action Plans developed by the Taskforce will provide a source for documentation as well. Any and all documentation relative to the actions of the Taskforce during deployment will be beneficial. Obtain copies of the Claim Guidance and Claim Forms from the Mississippi Office of Homeland Security or the equivalent FEMA Public Assistance forms. The following applicable Expense Summary forms that should be completed included:

Labor Expense Summary: Enter the daily hours worked for deployed personnel including regular time and overtime and enter the relevant wage rate for each employee on the Labor Expense Summary. Copies of the Employees' time sheets covering the deployed period should be attached to the Labor Expense Summary(s).

Although labor costs at reasonable rates of assisters are to be treated as contract labor as per FEMA Policy 9523.6 (Mutual Aid), claimed labor costs for deployed mutual aid missions, and extra-ordinary backfill costs to maintain required minimum levels of protection for essential services in claimant's own jurisdiction while staff is deployed on mutual aid missions, are eligible as per FEMA Recovery Policy 9525.7 (Labor Costs-Emergency Work) as the reasonable standard. **Reimbursement of labor costs for employees performing emergency work is limited to actual time worked, even when the employer is contractually obligated to pay for 24-hour shifts.** It is not reasonable for a person to work more than 48 hours continuously without an extended rest period. FEMA will reimburse up to 24 hours for each of the first two days, and up to 16 hours for each of the following days for emergency work. All requested hours must be for actual time worked. Standby time is not eligible except prepositioning for a Declared Disaster if the resources were actually used. Claimed backfill costs must be extra-ordinary costs that would not have occurred to the claimant but for the deployment of personnel to disaster duty (i.e. use of contract hires or off-duty personnel not on leave for backfill). VFDs can only

claim stipend costs for volunteers. However, the value of volunteers accomplishing eligible emergency work can be credited toward the non-federal cost share of the requester as per FEMA Donated Services Policy #9525.2.

Fringe Benefit Determination Worksheet: Follow the instructions for obtaining the percentages of the employer's fringe benefit costs as perform instructions to determine the total RT fringe benefit rate and the total OT fringe benefit rate and enter these rates in the blocks provided on the Labor Expense Summary form.

Typically, **fringe benefits for both regular time and overtime-gross pay are the percentages of gross pay for FICA/MICA, retirement, and workers compensation components.** For regular time pay, fringe benefits also include percentages of gross pay for leave time earned; health, life, and disability insurance costs; and other costs that are associated with regular time pay but not overtime pay. If the Claimant uses the same fringe benefit percentage for both regular time pay and overtime pay, it should be indicated that they are only claiming the eligible fringe benefits common to both regular time and overtime gross pay (i.e. FICA/MICA, retirement, and workers compensation costs).

Equipment Expense Summary: List the deployed equipment on each line with the designated main operator, enter the daily hours of usage or mileage as applicable for each day, and enter the relevant equipment rate.

The National FEMA Equipment Rate Schedule (current version is dated 2008) is available at the FEMA's website (<http://www.fema.gov>) when searching the website for "equipment rates." The appropriate FEMA cost code that most closely matches the described unit of equipment should be listed on the itemized equipment summaries to coincide with the claimed hourly or mileage rate.

Mileage rates should be claimed, when listed, for all vehicles that are used primarily for transporting personnel. Hourly rates for pickups are acceptable when they are used for heavy-duty emergency response activities other than personnel transport. Emergency vehicles primarily used in stationary operations with engines running with lights and radios on may use the hourly rates instead of mileage rates. Hours of use of equipment should not exceed the actual time that labor is available to operate it. Even if 24-hour pay is eligible as claimed, manned equipment should not be claimed for 24 hours per day unless it is being used by different shifts and this is indicated on the summary forms. Any equipment used for less than four hours a day should be claimed for actual hours of use. Equipment used intermittently all day for at least four hours can be claimed for hours of the personnel actually manning the equipment. Downtime equipment rates should not be claimed. FEMA hourly or mileage rates should not be claimed for equipment on loan from the State or Federal government. However, in lieu of hourly rates, actual operating costs such as fuel and necessary maintenance/repairs can be claimed for such equipment.

Materials Expense Summary: List the purchased or inventory stock usage of materials expended during the mission and provide as relevant quantities, unit prices, and total cost for each material entry. Copies of invoices related to the material purchases and/or inventory usage reports should be attached to the Materials Expense Summary(s). Fuel and routine maintenance costs should not be claimed for equipment use that is being reimbursed at the FEMA Equipment Rates. Any claimed fuel cost should include a notation that the fuel was not used in claimant-owned equipment for which equipment rate reimbursements are claimed. Fuel provided to others, used in leased equipment, or used for purposes other than in equipment for

which equipment rates are claimed, may be eligible. Materials for claimant-owned equipment repair, for necessary repairs due to extra-ordinary damages during emergency operations may be separately eligible as per FEMA Policy Number 9525.8. Justifications should be provided, including the circumstances of the damages, with the Claimant's Material Summary that the repairs were necessary due to unavoidable damages, other than routine maintenance, for use of the equipment beyond its intended purpose or design capabilities. Physical or mechanical damages due to necessary off-road use of equipment designed for on-road use; and extra-ordinary damages resulting from emergency operations in the disaster environment (fire, flood, debris, etc) that are unavoidable and not covered by insurance; could be examples of eligible repair costs. Damage repair as a result of traffic accidents or mechanical failure while commuting to and from the disaster area are not separately eligible and are covered by the equipment rate allowances or by applicable insurance. Eligibility of equipment/supplies that are purchased in order to perform the mission is governed by FEMA Policy Directive 9525.12 (see www.fema.gov websites). In general, those items of equipment and supplies that cost under \$5,000 are eligible to claim. Items of equipment worth more than \$5,000, and residual unused supplies in excess of \$5,000 after the disaster work is completed will require adjustment from eligible acquisition cost.

Contract/Rental Expense Summary: List each item of contracted services or rented equipment, and the cost for each such item. Copies of invoices for each reported item should be attached to the Contract/Rental Expense Summary(s).

Contract/rental services that are necessary in the performance of emergency work may also be eligible upon justification. The same justifications for contracted equipment repairs would be necessary as described above in the Materials guidance for repair parts. Contracted services for upgrading of equipment for immediate emergency response service in the disaster may also be eligible to be evaluated on a case-by-case basis.

Travel Expense Summary: List the total travel claim expenses claimed by each employee, and any direct paid costs by the employer by P-card, credit card, or otherwise for lodging, meals, other travel expenses as relevant. Attach copies of the employees' travel claims and invoices for direct-paid travel costs.

Lodging, meals, and other necessary travel costs that are reimbursed in employee expense claims or paid directly by the claimant are eligible for SMAA reimbursement. If others provide lodging and meals directly to assisters, per diem should not be claimed for reimbursements.

Notes: The Labor and Equipment Expense Summaries are designed to cover a seven-day period for approximately 20 personnel or units of equipment, respectively. The headings for each Expense Summary Form should be completed indicating the State EOC Mission Assignment Number or the State EOC ESF 9 or ESF 13 mission assignment number. Each form should be signed at the bottom or otherwise list the person that complete the form in case inquiries are necessary for clarification.

Assembling Claim: After completing the relevant Expense Summaries, complete the Total Cost Summary form and the Claim Narrative-Invoice form the assemble the claim as follows:

- Claim Narrative-Invoice Form
- Total Cost Summary Form
- Labor Expense Summary(s) with supporting documentation

- Fringe Benefit Determination Form
- Equipment Expense Summary(s)
- Material Expense Summary(s) with supporting documentation
- Contract/Rental Expense Summary(s) with supporting documentation
- Travel Expense Summary with supporting documentation
- Mission Activity Report(s)
- Copy of State EOC Mission Assignment or ESF Mission Request

Claim Submittal: After the claim has been assembled, forward the claim to the Requester listed in the State EOC Mission Assignment or the Mississippi Office of Homeland Security. If the mission was directly requested without going through the State EOC, then either the Requester or the Assister should file an information note in the State EOC Constellation that the mission was requested and/or performed if there is intent to invoke the Statewide Mutual Aid Agreement for compensation. Otherwise, all the other above instructions apply. Multiple Missions in an event by the same Requester may be combined for submittal.

Claim Forms: The claimant may use the available forms from MOHS or may utilize the FEMA Expense Summary forms on the FEMA Public Assistance website, or may utilize their own expense summary spreadsheets containing the requested information on the FEMA or State forms. Supporting documentation such as time sheets, equipment logs, purchase orders, invoices, etc., should be attached to the relevant expense summaries and kept on file by the Claimant for at least five years.

Exceptions for Training and Exercise Claim Reimbursement

The Mississippi Office of Homeland Security provides grants and funding for various projects that benefit local jurisdictions. This may be through equipment grants or the provision of training to local personnel. To provide the greatest benefit, local jurisdictions are expected to share in the costs of training and exercises. The following exceptions to the Expense Claim Reimbursement process exist for training and exercises and reflect a partnership for cost sharing.

Labor

- Labor costs are an eligible expense when an employee is attending training or an exercise. The labor cost will not exceed 16 hours per day for the employee while in training or assigned to an exercise. Labor costs are limited on only the actual time engaged in activities while in training or assigned to exercises.
- Backfill for essential positions or minimum staffing requirements is an eligible expense. The labor reimbursement will be equivalent to the regular hourly rate of the employee attending training or exercises. Overtime rates for backfill are not eligible reimbursements.
- Fringe and Benefit costs are not eligible for reimbursement while an employee is attending training or assigned to an exercise.

Example:

ABC Fire Department has Employee A is attending a training program or exercise. employee A makes \$10.00 per hour. Employee B is backfilling for Employee A in an essential position at the home unit for a 24-hour shift. Employee B has seniority over Employee A and makes \$12.50 per hour. ABC FD is eligible to claim the following:

Labor for Employee A: (up to) 16 hours X \$10.00 = \$160.00

Labor for Employee B: 24 hours X \$10.00 = \$240.00

Total Reimbursement = \$400.00

This means that the ABC FD is responsible for the remaining cost share for employee, which equals:

Labor for Employee B: 24 hours x \$6.00 = \$144.00 (half-time rate for 24 hours)

Travel

- Mileage rates do not apply for training. Government vehicles should be used when possible and actual fuel costs for the vehicle is eligible for reimbursement.
- Reimbursement for lodging will not exceed State or federal government rates. Per diem is not an eligible expense for reimbursement for training and exercises.

Other Costs

- Repair and replacement costs for equipment may be eligible for reimbursement when utilized for training and exercises.
- The FEMA Cost Code Reimbursement Rate does not apply to MS Homeland Security funded equipment during training and exercises.
- Equipment reimbursements are limited to actual operational and maintenance costs.
 - Fuel
 - Repair
 - Replacement

Claim Submission

Incident Reimbursement Claims:

After the claim has been assembled, forward the claim to the Taskforce Leader. The Taskforce Leader will assemble all claims from Taskforce organizations/agencies for submission to the Mississippi Office of Homeland Security, if the claim is the result of a direct assignment by the Office.

In the event of an assignment from the Mississippi Emergency Management Agency or a mutual aid request from a local jurisdiction through the Statewide Mutual Aid Compact, the claim should be submitted to the requesting agency.

Training and Exercise Reimbursement Claims:

Claims for training and/or exercises should be submitted to the host Taskforce Organization. Reimbursement for approved training and exercises will be made from the current grant award from the host organization to the member organization. For special fund training and exercises, the host organization is responsible for compiling all member organizations requests for submission to the Mississippi Office of Homeland Security for direct reimbursement to the member organizations. Claims for training and exercise are to be submitted within 60 days of completion of the event.

Sincerely,



J.W. Ledbetter, Executive Director
MS Office of Homeland Security

Forms Appendix
Claim Narrative – Invoice
Total Cost Summary
Fringe Benefit Determination Summary
Labor Summary
Materials Summary
Contract-Rental Summary
Travel Summary

Assisting Organization:			
Address:		Street/PO:	
		City/State/Zip:	
Contact Person:			
		Name	Title
Federal ID# (EIN)		Phone#	Fax#
E-Mail Address:			
Federal Declaration:			
		Event Name	Declaration#
Requesting Party:			
		State/County/City/District/Other	
How Requested:		State EOC Mission Assignment:	
		Mission Assignment #	
		Direct Request:	
		By which Agency?	
Dates of Mutual Aid Operations:		From	Through
Type of Emergency Work:		Mark "X" as Appropriate	
		Debris Removal	
		Traffic Control	
		Evacuation Support	
		Security/Patrols	
		Emergency Response Calls	
		Search/Rescue	
		Firefighting/Firefighting Support	
		EMT/Ambulance	
		Emergency Shelters	
		Animal Control/Sheltering	
MOHS Specified		Exercise	
MOHS Specified		Training	
		Other(Specify)	
Location of Emergency Work:			
		County/City/Address as Applicable	
Other Comment:			
Total Amount of Claim:		\$	-
		Certified By	
		Title/Date	

Make separate claims for debris removal, different declarations.
Claimant may combine missions in same Declaration for same Requestor.
Also, Use this form for Out-of-State EMAC missions requested by the State EOC.
Use of this form for MOHS Training and Exercise Reimbursement is required

Mississippi Office of Homeland Security CLAIM TOTAL COST SUMMARY (X One Below)						Page 1 of 1	
Applicant/Subgrantee Force Account: <input style="width: 50px;" type="text"/>			Mutual Aid Assistance: <input style="width: 50px;" type="text"/>				
Applicant/Subgrantee or Mutual Aid Assister			MA #	N/A	<input style="width: 50px;" type="text"/>	N/A	Category
			MEMA #	N/A	<input style="width: 50px;" type="text"/>	N/A	
Location/Site of Work			Work Description Food Unit Full Scale Exercise				
TYPE OF EXPENSE		TOTAL CLAIMED COSTS(\$)	FEMA/STATE INSPECTOR COMMENTS				ELIGIBLE COST
LABOR (Earned Wages plus Associated Benefits)		\$ -					
EQUIPMENT (FEMA Hourly or Mileage Equipment Rate Allowances for Use)		\$ -					
MATERIALS (Purchased and/or Use of Stock Items)		\$ -					
CONTRACTS/RENTALS (Services or Rental Equipment)		\$ -					
TRAVEL (Employee Reimbursements and/or Employer Direct Paid Lodging/Meals)		\$ -					
TOTAL CLAIMED COSTS:		\$ -	TOTAL ELIGIBLE COSTS:				
Requesting Party If Mutual Aid Claim: _____							
General Instructions: Claimant should total all applicable Expense Summaries for entry above and attach the relevant Expense Summaries. Leave Comment and Eligible Cost Sections blank for Inspector/Reviewer entries. For Labor Summaries, pay policies, verification of wage rates, and/or timesheets may be requested on a random basis for supporting documentation. (Emergency Work RT pay is not eligible for Applicant's Force Account labor but should be shown in the Labor Summaries.) For Equipment Summaries, equipment logs or activity reports such as the NIMS 214 daily logs may be requested on a random basis. (Use FEMA Equipment Rates unless Claimant has established rates less than the FEMA Rates.) For Materials, Contract-Rental, and Travel Expense Summaries, attach relevant supporting invoices, receipts, and travel vouchers.							
For Mutual Aid Claims under the Statewide Mutual Aid Agreement or the Interstate Emergency Compact Assistance (EMAC): Use MEMA Mission Assignment Number or MA as assigned by the ESF (leave blank if unsure for reviewer determination). Regular time and Overtime Labor Costs are eligible for Mutual Aid Emergency Work. The Mutual Aid Assister should submit their Mutual Aid Claim to the Requesting Party and give timely notice that Claim will be submitted. (The State may pay for those mutual aid mission assignments that were directly requested by State EOC ESFs. Use the Claim Forms for both In-State Mutual Aid and Out-of-State (EMAC) Mission Assignments. Out-of-State (EMAC) Claims are to be forwarded to the Mississippi Office of Homeland Security.							
Comments: <div style="border: 1px solid black; height: 100px; margin-top: 5px;"></div>							
The above information was obtained from time records that are available for audit.							
Compiled/Certified			Title			Date	

Mississippi Office of Homeland Security					Page: _____	
FORCE ACCOUNT & MUTUAL AID CLAIMANT/FRINGE BENEFIT RATE DETERMINATION						
Applicant/Subgrantee or Mutual Aid Claimant			MA #		Category	Declaration#
			MEMA #			
Location/Site of Work			Description of Work:			
FRINGE BENEFIT (Employer's Cost)	REGULAR TIME PAY (By Percent)		OVERTIME PAY (By Percent)			
Social Security	7.65		7.65			
Retirement	_____		_____			
Workers Compensation Insurance	_____		_____			
Unemployment Insurance	_____		_____			
Health Insurance Benefits	_____		N/A			
Life Insurance Benefits	_____		N/A			
Annual (Vacation) Leave	_____		N/A			
Holiday Leave	_____		N/A			
Average Used Sick Leave	_____		N/A			
Other (Specify Below):	_____		N/A			
TOTAL (% of Annual Leave)	0.00		0.00			
Work Unit: _____ (Employer-wide, Department, Unit, Special Risk, etc.)						
Instructions: To effectively use this form to determine fringe benefit rates, group employees by Status or common benefits in the Labor Summaries (Salaried, Full-time, Permanent, Special Risk, Part-time, Contract Hires, and/or Temporary Help. For each employee grouping, determine the average fringe benefit rate for both Regular Time wages and Overtime Wages. The Overtime fringe benefits are usually limited to the types indicated as applicable above in the Overtime column. If the participating group of employees is substantially alike in benefits, with few exceptions, use the majority group determination for all the employees in the group. The Applicant may also use an Employer-Wide Average.						
1. The Employer's Retirement Benefit Cost is usually a percentage of the paid RT and OT wages paid. 2. The Employer's Workers Comp costs is usually a given cost per \$100 pay or a percentage of the paid RT and OT wages paid. 3. The employer's Unemployment Insurance cost % can be determined by dividing the total annual premium by the total annual RT and OT wages paid. 4. To determine the average Health or Life Insurance Benefit %, divide total annual premium costs by the total annual regular time wages for the group of employees as per the last available annual audit, or by the current projected budget. 5. To determine the Annual Leave %, divide the total Annual RT hours (2080) pay by the total Annual Leave hours earned as determined from the last annual audit report or from the current budget. 6. The Holiday Leave % can be determined by dividing the number of Holiday hours granted each year by the number of annual RT work hours (2080). 7. The sick leave % should be based upon the last annual sick leave cost divided by the total regular time wages paid in the last audited year. Note: Other established methods previously adopted by the Claimant to convert benefit costs to a percentage of total paid annual wages may be acceptable.						
Comments (i.e., Explain Other Specified Benefits): <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>						
The above information was obtained from time records that are available for audit.						
Certified			Title		Date	

Mississippi Office of Homeland Security LABOR EXPENSE SUMMARY (X One Below)													Page	
Applicant Force Account: <input type="text"/> Mutual Aid Assistance: <input type="text"/>													1 of 1	
Applicant/Subgrantee or Mutual Aid Claimant						MA # <input type="text"/> N/A			N/A					
MEMA # <input type="text"/> N/A						N/A			N/A					
Location/Site of Work						Work Description				Declaration#:			N/A	
Food Unit Full Scale Exercise														
Work Unit	Dates/Hours Worked (mm/dd)								Total Hours	Hrly Rate(\$)	RT Wages(\$)	OT Wages(\$)		
	Date:													
Name/Job Title	RT Hrs								0.00	0.00	0.00			
	OT Hrs								0.00			0.00		
Name/Job Title	RT Hrs								0.00	0.00	0.00			
	OT Hrs								0.00			0.00		
Name/Job Title	RT Hrs								0.00	0.00	0.00			
	OT Hrs								0.00			0.00		
Name/Job Title	RT Hrs								0.00	0.00	0.00			
	OT Hrs								0.00			0.00		
Name/Job Title	RT Hrs								0.00	0.00	0.00			
	OT Hrs								0.00			0.00		
Name/Job Title	RT Hrs								0.00	0.00	0.00			
	OT Hrs								0.00			0.00		
Name/Job Title	RT Hrs								0.00	0.00	0.00			
	OT Hrs								0.00			0.00		
Name/Job Title	RT Hrs								0.00	0.00	0.00			
	OT Hrs								0.00			0.00		
Name/Job Title	RT Hrs								0.00	0.00	0.00			
	OT Hrs								0.00			0.00		
Name/Job Title	RT Hrs								0.00	0.00	0.00			
	OT Hrs								0.00			0.00		
Name/Job Title	RT Hrs								0.00	0.00	0.00			
	OT Hrs								0.00			0.00		
Name/Job Title	RT Hrs								0.00	0.00	0.00			
	OT Hrs								0.00			0.00		
Name/Job Title	RT Hrs								0.00	0.00	0.00			
	OT Hrs								0.00			0.00		
Name/Job Title	RT Hrs								0.00	0.00	0.00			
	OT Hrs								0.00			0.00		
Name/Job Title	RT Hrs								0.00	0.00	0.00			
	OT Hrs								0.00			0.00		
Name/Job Title	RT Hrs								0.00	0.00	0.00			
	OT Hrs								0.00			0.00		
Name/Job Title	RT Hrs								0.00	0.00	0.00			
	OT Hrs								0.00			0.00		
Name/Job Title	RT Hrs								0.00	0.00	0.00			
	OT Hrs								0.00			0.00		
Name/Job Title	RT Hrs								0.00	0.00	0.00			
	OT Hrs								0.00			0.00		
Name/Job Title	RT Hrs								0.00	0.00	0.00			
	OT Hrs								0.00			0.00		
Name/Job Title	RT Hrs								0.00	0.00	0.00			
	OT Hrs								0.00			0.00		
Name/Job Title	RT Hrs								0.00	0.00	0.00			
	OT Hrs								0.00			0.00		
Name/Job Title	RT Hrs								0.00	0.00	0.00			
	OT Hrs								0.00			0.00		
Name/Job Title	RT Hrs								0.00	0.00	0.00			
	OT Hrs								0.00			0.00		
Name/Job Title	RT Hrs								0.00	0.00	0.00			
	OT Hrs								0.00			0.00		
Name/Job Title	RT Hrs								0.00	0.00	0.00			
	OT Hrs								0.00			0.00		
Name/Job Title	RT Hrs								0.00	0.00	0.00			
	OT Hrs								0.00			0.00		
Name/Job Title	RT Hrs								0.00	0.00	0.00			
	OT Hrs								0.00			0.00		
Name/Job Title	RT Hrs								0.00	0.00	0.00			
	OT Hrs								0.00			0.00		
Name/Job Title	RT Hrs								0.00	0.00	0.00			
	OT Hrs								0.00			0.00		
Name/Job Title	RT Hrs								0.00	0.00	0.00			
	OT Hrs								0.00			0.00		
Name/Job Title	RT Hrs								0.00	0.00	0.00			
	OT Hrs								0.00			0.00		
Name/Job Title	RT Hrs								0.00	0.00	0.00			
	OT Hrs								0.00			0.00		
Name/Job Title	RT Hrs								0.00	0.00	0.00			
	OT Hrs								0.00			0.00		
Name/Job Title	RT Hrs								0.00	0.00	0.00			
	OT Hrs								0.00			0.00		
Name/Job Title	RT Hrs								0.00	0.00	0.00			
	OT Hrs								0.00			0.00		
Name/Job Title	RT Hrs								0.00	0.00	0.00			
	OT Hrs								0.00			0.00		
Name/Job Title	RT Hrs								0.00	0.00	0.00			
	OT Hrs								0.00			0.00		
Name/Job Title	RT Hrs								0.00	0.00	0.00			
	OT Hrs								0.00			0.00		
Name/Job Title	RT Hrs								0.00	0.00	0.00			
	OT Hrs								0.00			0.00		
Name/Job Title	RT Hrs								0.00	0.00	0.00			
	OT Hrs								0.00			0.00		
Name/Job Title	RT Hrs								0.00	0.00	0.00			
	OT Hrs								0.00			0.00		
Name/Job Title	RT Hrs								0.00	0.00	0.00			
	OT Hrs								0.00			0.00		
Name/Job Title	RT Hrs								0.00	0.00	0.00			
	OT Hrs								0.00			0.00		
Name/Job Title	RT Hrs								0.00	0.00	0.00			
	OT Hrs								0.00			0.00		
Name/Job Title	RT Hrs								0.00	0.00	0.00			
	OT Hrs								0.00			0.00		
Name/Job Title	RT Hrs								0.00	0.00	0.00			
	OT Hrs								0.00			0.00		
Name/Job Title	RT Hrs								0.00	0.00	0.00			
	OT Hrs								0.00			0.00		
Name/Job Title	RT Hrs								0.00	0.00	0.00			
	OT Hrs								0.00			0.00		
Name/Job Title	RT Hrs								0.00	0.00	0.00			
	OT Hrs								0.00			0.00		
Name/Job Title	RT Hrs								0.00	0.00	0.00			
	OT Hrs								0.00			0.00		
Name/Job Title	RT Hrs								0.00	0.00	0.00			
	OT Hrs								0.00			0.00		
Name/Job Title	RT Hrs								0.00	0.00	0.00			
	OT Hrs								0.00			0.00		
Name/Job Title	RT Hrs								0.00	0.00	0.00			
	OT Hrs								0.00			0.00		
Name/Job Title	RT Hrs								0.00	0.00	0.00			
	OT Hrs								0.00			0.00		
Name/Job Title	RT Hrs								0.00	0.00	0.00			
	OT Hrs								0.00			0.00		
Name/Job Title	RT Hrs								0.00	0.00	0.00			
	OT Hrs								0.00			0.00		
Name/Job Title	RT Hrs								0.00	0.00	0.00			
	OT Hrs								0.00			0.00		
Name/Job Title	RT Hrs								0.00	0.00	0.00			
	OT Hrs													

Mississippi Office of Homeland Security											Page
EQUIPMENT EXPENSE SUMMARY (X One Below)											
Applicant Force Account:				Mutual Aid Assistance:							
Applicant/Subgrantee or Mutual Aid Claimant				MA #						Category	
				MEMA #							
Location/Site of Work				Work Description				Declaration#:			
Work Unit		Dates Worked (mm/dd)						Total Hrs/Miles	Equip Rate(\$)	Total Cost(\$)	FEMA Code
		Date:									
Equipment Unit#/Description/Operator		Hours						0	0.00	0.00	
		Mileage						0		0.00	
Equipment Unit#/Description/Operator		Hours						0		0.00	
		Mileage						0		0.00	
Equipment Unit#/Description/Operator		Hours						0		0.00	
		Mileage						0		0.00	
Equipment Unit#/Description/Operator		Hours						0		0.00	
		Mileage						0		0.00	
Equipment Unit#/Description/Operator		Hours						0		0.00	
		Mileage						0		0.00	
Equipment Unit#/Description/Operator		Hours						0		0.00	
		Mileage						0		0.00	
Equipment Unit#/Description/Operator		Hours						0		0.00	
		Mileage						0		0.00	
Equipment Unit#/Description/Operator		Hours						0		0.00	
		Mileage						0		0.00	
Equipment Unit#/Description/Operator		Hours						0		0.00	
		Mileage						0		0.00	
Equipment Unit#/Description/Operator		Hours						0		0.00	
		Mileage						0		0.00	
Equipment Unit#/Description/Operator		Hours						0		0.00	
		Mileage						0		0.00	
Equipment Unit#/Description/Operator		Hours						0		0.00	
		Mileage						0		0.00	
Equipment Unit#/Description/Operator		Hours						0		0.00	
		Mileage						0		0.00	
Equipment Unit#/Description/Operator		Hours						0		0.00	
		Mileage						0		0.00	
Equipment Unit#/Description/Operator		Hours						0		0.00	
		Mileage						0		0.00	
Equipment Unit#/Description/Operator		Hours						0		0.00	
		Mileage						0		0.00	
Equipment Unit#/Description/Operator		Hours						0		0.00	
		Mileage						0		0.00	
Equipment Unit#/Description/Operator		Hours						0		0.00	
		Mileage						0		0.00	
Equipment Unit#/Description/Operator		Hours						0		0.00	
		Mileage						0		0.00	
Equipment Unit#/Description/Operator		Hours						0		0.00	
		Mileage						0		0.00	
Equipment Unit#/Description/Operator		Hours						0		0.00	
		Mileage						0		0.00	
Equipment Unit#/Description/Operator		Hours						0		0.00	
		Mileage						0		0.00	
Equipment Unit#/Description/Operator		Hours						0		0.00	
		Mileage						0		0.00	
Equipment Unit#/Description/Operator		Hours						0		0.00	
		Mileage						0		0.00	
Equipment Unit#/Description/Operator		Hours									

[illegible]

Mississippi Office of Homeland Security TRAVEL EXPENSE SUMMARY (X One Below)							
Applicant Force Account:						Mutual Aid:	Page
Applicant/Subgrantee or Mutual Aid Claimant: 				MA # _____			
				MEMA # _____			
Location/Site of Work: _____				Work Description: _____		Declaration#: _____	
EMPLOYEE/VENDOR		DESCRIPTION Employee Travel Vouchers/Employer Direct Paid Lodging/Meals				Date(s) Travel	Total Cost(\$)
							0.00
For Mutual Aid Claims; Requesting Party: _____							Total Travel Costs (\$): 0.00
Notes: Only travel costs paid by the Applicant/Claimant should be claimed. (Meals, lodging, etc. should not be claimed if such services were supplied by Requesting parties or others.) Attach copies of Employee Travel Vouchers and/or invoices for Employer direct paid Lodging , Car Rental, or Meal costs.							
Comments							
The above information was obtained from travel expense records that are available for audit.							
Certified				Title			Date